Trent View Medical Practice

Inspection report

45 Trent View
Keadby
Scunthorpe
DN17 3DR
Tel: 01724788000
www.trentviewmedicalpractice.nhs.uk

Date of inspection visit: 25 and 31August 2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Inadequate
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced comprehensive inspection at Trent View Medical Practice on 25 and 31 August 2022. Overall, the practice is rated as requires improvement.

Safe - inadequate

Effective - requires improvement

Caring – good

Responsive - good

Well-led – requires improvement

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities and because this is a new provider.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- Site visits to the main site and the two branch sites.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- Whilst the provider had completed a risk profile and had been working to address the areas identified for improvement prior to the inspection, we found the practice did not always provide care in a way that kept patients safe and protected them from avoidable harm. Systems to manage pathology results and incoming clinical letters had not been effectively managed. Systems to manage fire safety, medicines and infection prevention and control were not effectively and consistently implemented and monitored. Recording and learning from incidents was not effective. Since the inspection, the provider has provided evidence to show they have implemented changes to address these areas.
- Patients had not always received effective care and treatment that met their needs.

Overall summary

- Staff had not had effective induction and training and completion of training and staff competency was not effectively monitored.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could mostly access care and treatment in a timely way. The provider had taken action to try to improve access by restructuring the service.
- The way the practice was led and managed did not promote the delivery of high-quality, person-centred care. The provider had identified areas for improvement prior to the inspection and had been working to improve. We found additional areas of risk during the inspection and the provider was proactive in addressing these areas immediately following the inspection.

We found two breaches of regulations. The provider **must**:

Ensure care and treatment is provided in a safe way to patients.

Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should**:

- Provide signed contracts for staff and obtain complete employment history for all staff.
- Take action not to overload plug sockets.
- Take action to improve the Keadby dispensary to provide enough room for storage and dispensing.
- Take action to improve availability of nurse appointments and for cervical screening and improve the uptake of cervical screening by patients to achieve the 80% target.
- Take action to improve the telephone access at Crowle surgery.
- Take action to improve the detail in records of medicines reviews.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location and a member of the CQC pharmacy team who spoke with staff using video conferencing facilities. A second CQC inspector undertook a site visit.

Background to Trent View Medical Practice

Trent View Medical Practice is located near to Scunthorpe at:

Keadby Surgery

45 Trent View

Keadby

Scunthorpe

DN17 3DR

Telephone: 01724 788000

The practice has two branch surgeries at:

Crowle Medical Centre

The Health Centre
Chancery Lane
Crowle
Scunthorpe
DN17 4HN
Telephone: 01724 713920

and

Skippingdale Surgery
Ferry Road West
Scunthorpe
DN15 8EA
Telephone: 01724 748730

Both the Skippingdale site and Keadby site have a dispensary.

We visited all three sites during the inspection.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, treatment of disease, disorder or injury and surgical procedures. These are delivered from all sites.

The practice offers services from all three sites and patients can access services at any of the three surgeries.

The practice is situated within the Humber and North Yorkshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 11,400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth lowest decile (six of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 2% Asian, 97% White, 0.3% Black, 0.6% Mixed, and 0.1% Other. The age distribution of the practice population closely mirrors the local and national averages.

There are five GP partners supported by a team of five salaried GPs who provide cover at all practices. The practice has a nursing team of one advanced nurse practitioner, two nurses who were supporting the urgent access team at the provider's other location at the time of the inspection, four health care assistants, a phlebotomist and a trainee nursing associate. They have a dispensary team of one team leader and five dispensers. There is a team of reception/ administration staff to provide support across the three sites. The practice manager, business support officer and three team leaders provide managerial oversight.

The practice also has a team of pharmacists, a palliative care nurse, physiotherapists and a mental health worker employed, via the primary care network, to support the practice.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the local primary care network, via the practice, where late evening and weekend appointments are available. Out of hours services are provided by calling 111.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA (RA) Regulations 2014 Requirements in relation to staffing How the regulation was not being met The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: • Staff had not had adequate induction training. • There was no overview and monitoring of training completion. • Dispensary staff and non-clinical prescribers' competency was not monitored. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • Diagnostic and screening procedures. • Treatment of disease, disorder or injury. • Surgical procedures. • Family planning. • Maternity and midwifery services. Regulation 12 HSCA (RA) Regulations 2014, Care and treatment must be provided in a safe way for service users **How the regulation was not being met:** The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Fire risk assessments were not in place for Keadby site and fire risk assessments for the two branches were overdue review. • Fire safety checks had not been completed as per the schedule. • Fire drills had not been completed at the two branch sites for two years. • Infection prevention and control (IPC) audits were not effective as they had not identified all the IPC issues. • Skippingdale and Keadby buildings were not well maintained, and the Keadby site was not maintained in a clean condition. • Systems to minimise the risk of Legionella had not been consistently maintained. • Children at risk records did not link to those of their parent or guardian. • Not all incidents had been adequately recorded and investigated. Evidence of learning and improvement following an incident was limited. There was no proper and safe management of medicines. In particular:

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Enforcement actions

- A medicines risk assessment had not been carried out for provision of emergency medicines and not all the recommended medicines were provided.
- Medicines were not always held securely, and emergency medicines storage was not tamper evident.
- Controlled drug records were not accurately maintained.
- Vaccines were not always stored at the recommended temperatures and there was no evidence appropriate action had been taken when refrigerator temperatures had been recorded as out of range.
- Prescriptions had not always been signed prior to dispensing to patients.
- Stock checks were not carried out consistently in the dispensaries.
- The risk assessment for the delivery of dispensed medicines had not been regularly reviewed and did not include assessment of safety, security, confidentiality and traceability.
- Systems to record near misses in the dispensaries were not in place.
- Patients of childbearing age had not always been informed of the risk of teratogenic medicines.
- Blank prescriptions were not held securely, and their use was not monitored effectively.

There was additional evidence that safe care and treatment was not being provided. In particular:

- Creatinine clearance calculations for those patients prescribed an anti-coagulant had not always been completed.
- Monitoring for patients with chronic kidney disease, hypothyroidism and asthma had not always been completed at the recommended intervals.
- Patient records were not always held securely
- Incoming clinical correspondence relating to patient care was not processed in an effective and timely manner.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.